

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/806509

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		3		/		
5		3		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
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14		0		/		
15		0		/		
16		0		/		
17	/		/			
18	/		/			
19		1	/			
20		2		/		
21		0		/		
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23		0		/		
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48				/		
49				/		
50				/		
TOTAL IND.	11		11			
TOTAL DEP.	23		25			
TOTAL CLAIMS	34		36			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS